

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000056462

Entity Name: L.E.I. TRANSPORT, INC.

**FILED**  
**Jul 02, 2008**  
**Secretary of State****Current Principal Place of Business:**1970 E. OSCEOLA PKWY.  
SUITE 13  
KISSIMMEE, FL 34743**New Principal Place of Business:****Current Mailing Address:**1970 E. OSCEOLA PKWY.  
SUITE 13  
KISSIMMEE, FL 34743**New Mailing Address:**

FEI Number: 20-4728746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**COSTALES, LUIS  
2860 OLD CANOE CREEK RD  
SAINT CLOUD, FL 34772 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: COSTALES, LUIS  
Address: 1970 E. OSCEOLA PKWY.  
City-St-Zip: KISSIMMEE, FL 34743 USTitle: T ( ) Delete  
Name: COSTALES, ELVIRA  
Address: 1970 E. OSCEOLA PKWY.  
City-St-Zip: KISSIMMEE, FL 34743 USTitle: VP ( ) Delete  
Name: COSTALES, IGSIA  
Address: 1970 E. OSCEOLA PKWY.  
City-St-Zip: KISSIMMEE, FL 34743 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: MGR ( ) Change (X) Addition  
Name: PEREZ, JOSE  
Address: 1250 S MIAMI AVE, UNIT 1906  
City-St-Zip: MIAMI, FL 33130Title: MGR ( ) Change (X) Addition  
Name: GUZMAN, ONORICO  
Address: 1225 SHERIDAN AVE, UNIT 3F  
City-St-Zip: BRONX, NY 10469

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS COSTALES

P

07/02/2008

Electronic Signature of Signing Officer or Director

Date